

Division of Licensing and Protection  
103 South Main Street  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

April 13, 2015

Taryn Austin, Administrator  
Middlesex Therapeutic Community Residence  
1076 Us Route 2  
Montpelier, VT 05602-8840

Provider #: 0610

Dear Ms. Austin:

The Division of Licensing and Protection conducted an onsite complaint investigation on **April 10, 2015**. The purpose of the investigation was to determine if your facility was in compliance with Federal participation requirements of the Medicare/Medicaid Program. The investigation was completed on **April 10, 2015** and there were no regulatory violations related to the complaint allegations.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

Enclosure

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0610	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  C 04/10/2015
NAME OF PROVIDER OR SUPPLIER  MIDDLESEX THERAPEUTIC COMMUNITY RES			STREET ADDRESS, CITY, STATE, ZIP CODE 1076 US ROUTE 2 MONTPELIER, VT 05602		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
T 001	Initial Comments  An unannounced onsite complaint investigation of a facility self-report was conducted by the Division of Licensing and Protection on 3/25/15 and completed on 4/10/15. No regulatory violations were identified.	T 001			

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE